

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
  - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

State Farm Mutual Automobile Insurance  
Company  
100 State Farm Parkway  
Birmingham, Alabama 35209-7186

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Michael DeLeonard* ☐ Agent  
Addressee

B. Received by (Printed Name)

*Michael DeLeonard* ☐ Addressee

C. Date of Delivery

*9/9/02*

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

*2:07CV840*

*S & C*

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 2410 0007 9920 4355

Domestic Return Receipt

102595-02-M-1540